PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPOND 52835		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
HAMRE, SCHUMANN, MUELLER & LARSON, P.C. P.O. BOX 2902 MINNEAPOLIS, MN 55402-0902				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
			Laurie Ha			(Depositor's name)	
			/Laurie H			(Signature)	
			April 26, 2012			(Date)	
APPLICATION NO.	FILING DATE	TE FIRST NAMED II		OR ATTORNE		DOCKET NO.	CONFIRMATION NO.
09/687,445	10/13/2000		Charles Lee Asplir	20158.2US01		8.2US01	1343
TITLE OF INVENTION: SLAB LEVELING SYSTEM AND METHOD							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	E FEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$870	\$0	\$0		\$870	06/18/2012
EXAMINER		ART UNIT	CLASS-SUBCLASS				
ADDIE, RAYMOND W		3671	404-078000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys			Hamre,	Schumann,
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alter	natively,	Muelle		r & Larson,
The Address of the Provision of the Address of the Provision form Provision of the Provisio			(2) the name of a single firm (having as a registered attorney or agent) and the name 2 registered patent attorneys or agents. If a listed, no name will be printed.		mes of up to $P \cdot C \cdot$		
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print o	r typc)			
PLEASE NOTE: Unl recordation as set fort	ess an assignce is ident h in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NC	data will appear on the of a substitute for filing	ne patent. If an assign gan assignment.	ec is identifi	icd below, the doo	cument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
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ricase eneck the appropr	ate assignee category of	r categories (will not be p	rinted on the patent):	individual U Co	orporation or	otner private grou	p entity U Government

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A check is enclosed.

Authorized Signature _/James A. Larson/

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

April 26, 2012

James A. Larson Typed or printed name

Publication Fee (No small entity discount permitted)

5. Change in Entity Status (from status indicated above)

4a. The following fee(s) are submitted:

Advance Order - # of Copies

☑ Issue Fee

40443 Registration No.

4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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overpayment, to Deposit Account Number

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